

**Consultation:** [Infection Prevention & Control Public Review - HSO](#)Submitted: Sept 18, 2025

Executive Summary: The draft standard addresses many critical aspects of infection prevention and control. The updated standard is more focused and practical, while staying grounded in the latest evidence and best practices related to planning, developing, implementing and evaluating the impact of the IP&C program for all care settings across the lifespan, inclusive of pandemic planning. However, from a healthcare-systems pharmacy perspective, CSHP suggests the standard address sterile compounding practices and associated training competencies. Given the high risk of infection linked to improperly compounded sterile products.

CSHP Provided the following feedback:

- **Sterile Compounding Risks:** Recommend addressing sterile compounding measures for infection and prevention control with respect to well-documented infection risk. Lack of standardized training and certification for sterile compounding personnel increases risk.
- **Population-Specific IP&C Adaptation:** The standard should include clearer guidance for tailoring IP&C programs to the needs of Indigenous, remote, and rural communities, which may face unique challenges.
- **IP&C Program Resources:** Include sterile compounding practices and infrastructure in IP&C program scope.
- **Partnerships:** Reference outpatient clinics to ensure comprehensive system-wide inclusion.
- **Hand Hygiene Products:** Recommend labeling hand hygiene products with risk warnings (e.g., dermatitis).
- **Cluster & Outbreak Management:** Suggest inclusion of additional PPE in response strategies.
- **Psychosocial Support:** Recommend proactive staff support, including counseling and burnout monitoring.
- **Terminology & Language Clarity:**
 - Add "outpatient clinics" and "pharmacies" under *community partners*.
 - Include definitions for *sterile compounding* and *fungi* under relevant categories.
 - Use "IP&C" consistently instead of switching between "IPC" and "IP&C".
 - Replace "client" with "patient" to better align with Canadian healthcare terminology.
 - The term "Cluster" needs clearer distinction from "Outbreak" with objective criteria.
 - "Environmentally safe" disinfectants should be defined or linked to standards.